

The Commonwealth of Massachusetts **Division of Professional Licensure**

Board of Registration of Allied Health Professions

1000 Washington Street, Suite 710, Boston, MA 02118-6100 (617) 727-3071

http://www.mass.gov/dpl/boards/ah

INSTRCUTIONS: APPLICATION FOR REINSTATEMENT OF LAPSED/EXPIRED LICENSE

Per board policy as stated in 259 CMR §§2.05 (1)(d) & (2)(d), that the Board may impose as a condition for relicensure after a licensee has allowed his or her license to expire. Please read and review the Board of Registration of Allied Health Professions ("Board") Policy Regarding Reinstatement of Lapsed/Expired Licenses prior to completing this reinstatement application.

Continuing Competence:

An individual whose license has lapsed/expired for (1) year to fewer than five years is required to demonstrate successful completion of such continuing education/competency:

Submit all certificates of Completion- (no less than 1 credit per month for each month that your license has been expired) and must be from a Board-recognized entity which includes but are not limited to APTA, FSBPT, AOTA and BOC. In the event the Board cannot determine proficiency in the profession through successful completion of continuing education/competency credits, then the applicant must retake and pass the appropriate licensing examination.

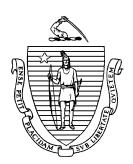
-OR-

• Copy of current national certification maintained (if applicable).

Please note, individuals whose license has lapsed for <u>five years or more</u> are required to retake and pass the appropriate licensing examination. Please contact 617-727-0054 or <u>Alliedhealth@state.ma.us</u> for more information.

The following documents will be required with submission of this reinstatement application:

- Copy of current Resume (all applicants).
- Official (sealed) Certified Statement/Record of standing from each state where you have been employed since your MA license lapsed. Please request this document directly from the professional licensing agency of each state where you have been employed since your MA license lapsed. Once received, do not open and enclose sealed letter with this application to the Board of Allied Health Professions, 1000 Washington Street, Suite 710, Boston, MA 02118-6100
- Copy of maintained national certification (if applicable).
- Copies of all or any Continuing Competence certificates for hours being claimed (if applicable).



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APPLICATION FOR THE REINSTATEMENT OF LAPSED/EXPIRED LICENSE

Requirements for reinstatement of a lapsed or an expired license are established in the Board of Registration of Allied Health Profession ("Board") regulations, 259 Code of Massachusetts Regulations (CMR), section 2.05. Please return this two (2) page Application for the Reinstatement of Lapsed/Expired License to the Board of Allied Health Professions, 1000 Washington Street, Suite 710, Boston, MA 02118-6100, with all required documents. DO NOT MAIL PAYMENT UNTIL BOARD REVIEWS THIS APPLICATION. Once all materials have been reviewed and approved, the board will notify you that a reinstatement coupon will be mailed to the address noted below for appropriate payment. Note: It is not legal to practice until this license reinstatement application is approved by the Board.

Name:		Maiden /Other Name(s):				
Profession:		License Number:				
Mailing Address:						
-	Street/Apt. #	City, Town		State	Zip	
E-Mail Address:		Phone #: H	W			
		u by a licensing/certification board If yes, please state details (use s				
jurisdiction, other than a	raffic violation for whic	a felony or misdemeanor in the Unch a fine of less than \$200.00 was a cessary):	assessed? Yes: [No:	If yes,	
Have you maintained nati		COT or BOC) Yes No No N/A	A ☐ If yes, pleas	se include a	a copy of	
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_		y Massachusetts license to practic	e as a/an		·	
Further I attest, UNDER	THE PAINS OF PERJ	IURY that I have not practiced in	Massachusetts sir	nce my lice	nse	
lapsed on		, 20				
Applicant's Signature:			Date:			
	p	, before me, the undersigned proved to me through satisfactory e, to be the	evidence of identi	fication, wh	nich were	
preceding or attached doo	ument in my presence.					
		(Notary's sig	gnature and SEAI	_)		

in Massachusetts.		•	your professional capacity
I attest, under the pains of perjui	y, that I have practiced a	s a/an	and provided
services as such from	to	at (place of employment	name and address)
I did not hold a valid license issued services.	expired on I by the Board of Registr	, 20_ ation of Allied Health Professions t	o practice or provide these
Do you currently practice in a juris which jurisdiction(s):	_	tinuing Competence? Yes No	☐ If yes, please indicate
Applicant's Signature:		Date:	
	proved to me the	ore me, the undersigned notary publication or prough satisfactory evidence of ider, to be the person whose name is	ntification, which were
or attached document in my preser		, to be the person whose name is	signed on the preceding
		(Notary	's signature and SEAL)
Note: It is not legal to practice u	ntil this license voinstat	ament application is approved by	4 5 1
	nui uns ncense remstati	ment application is approved by	the Board.
		we been working in another state.	
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In some instances, after review of an application, the Board may request additional information or impose additional requirements for reinstatement, including documentation of continuing education, and achievement of a passing score on the licensing examination. (259 CMR 2.05).